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FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

TOKWI OX FO	r Other Than An Auth	orized Committee	Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Leadership, Integrity, En	gagement, Unity PA	AC	
<u> </u>			
ADDRESS (number and street)	16633 Ventura Blvd # 1008		
Check if different			
than previously reported. (ACC)	Encino		CA 91436
2. FEC IDENTIFICATION NUM	BER ▼ CIT	(▲	STATE ▲ ZIP CODE ▲
C C00589309	3. IS	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (Ms) Jun 20 (M6)	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M4) Jul 20 (M7)	Oct 20 (M10) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1)			
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (Q3)	respond for the		
January 31 Year-End Report (YE)	Election	on 06 07	in the State of CA
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	M - M / D - D /	in the State of
5. Covering Period 04	01 2016	through 05	18 2016
I certify that I have examined this	Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Jane Leiderman		
Signature of Treasurer Jane Lei	derman	[Electronically Filed]	Date 09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroneou	us, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004